

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026785

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1899

FILED JUL 1 1963

1. PLACE OF DEATH
a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kinloch

Length of stay in 1b

27 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONHome
5843 Mable

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

Kinloch

d. STREET ADDRESS

(If outside, give location)
5843 Mable

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Joseph Stern Berger

4. DATE OF DEATH

Month

Day

Year

6

9

63

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/29/1893

9. AGE (last birthday)

70

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired - typesetter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Brownsville, Tenn.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Link

13b. MOTHER'S MAIDEN NAME

Link

14. NAME OF HUSBAND OR WIFE

Katie Stern Berger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

16. SOCIAL SECURITY NO.

17. INFORMANT

1708 Mrs. Dixon - daughter

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Unknown natural causes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

(History of treatment for osteo-arthritis chronic bronchitis, emphysema & other ailments)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at 7:00 P.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, or REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Harris-Boyd

3706

St. Louis

Missouri

6-13-63

John B. Murphy

6/15/63

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Henry C. Williams

Licensed Embalmer No. 4781

P. O. Address 1205 Walnut

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.